**Name of respondent**

First Name Last Name

Email of respondent

 **Information on your business**

Business Name Name on the Business License

Business structure (Sole trader, Partnership, Local Company, Business Name, Association)

Is your business an employer?

[ ]  Yes [ ]  No

Is your business registered with VNPF?

[ ]  Yes [ ]  No

Principal Activity sector of your business ([List available here](https://en.wikipedia.org/wiki/Australian_and_New_Zealand_Standard_Industrial_Classification))

Date of Registration as an Employer at VNPF. (Date available on your VNPF certificate)

Leave blank if not applicable

Date of first Registration at VFSC.

Leave blank if not applicable

Number of employees as of 25 November 2020

Please confirm the number of workers employed at the date of this report per trade categories below

|  |  |
| --- | --- |
| Trade Categories\* | Number of workers |
|    |    |
|    |    |
|    |    |
|    |    |
|    |    |

\* Trade Categories - as this term is not defined, we suggest simply using the position name of the employee (Receptionist, Accountant, Secretary, Sale rep., Engineer, Marketing Rep. etc.)

Signature

Please Lodge this form to

**Department of Labour & Employment Services**
Private Mail Bag 9022
Port Vila

AJC can lodge this form on your behalf, please return the sign copy to AJC at contact@ajc-vanuatu.com